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Alexis Pier

This is Michael Levingston, Emergency Room parking lot attendant. He's redirecting a car to Millberry Union parking lot across the street. Attendants say they redirect cars "about a hundred times a day."

Call 1131 If You're Cold

To Members of the Campus Community:

All of us are having to make an adjustment to the new temperature rules laid down by the federal government (see story below), and I know that for many of us the offices feel very cold. It is certainly true in the chancellor's offices, with our bank of north windows, and I'm sure it is true for many of you.

I hope that all of us are making an attempt to adjust to this situation by wearing warm clothing to work. If anyone feels that an office is colder than it should be, please feel free to call our "cold line" — 1131 — and ask that your room temperature be checked.

The Energy Conservation Committee is exploring ways of making adjustments in individual situations where the chill factor warrants it, so that they can make you more comfortable yet stay within the federal guidelines.

—Francis A. Sooy, M.D.
Chancellor

New Energy Adjustments

The Physical Plant Department has made adjustments in the heating of buildings and hot water to comply with federal regulations. No rooms are to be heated over 65°F or cooled (air conditioners) below 80°F. Hot water is not to be heated above 105°F, and unoccupied rooms are not to be heated or cooled.

Hospitals and patient care facilities are exempt from these guidelines, as are such areas as the computer rooms, which require special temperature and humidity conditions.

Departments can apply for exemptions by contacting Campus Conservation Engineer Ian Nadel, ext. 3041. Compliance, however, is mandated by law. Heavy personal fines or discontinuance of utility service can result from violations. It is especially important to note that use of electric heaters is considered hazardous and illegal.

Attendants Help Emergency Patients

When you improve your job skills and move into a higher pay category, it's called "upward mobility."

And when you can combine this with improving the ways you serve the patients who come to UCSF, it's a healthy extra dividend.

This is the case with the attendants at the Emergency Room parking lot, whose total concern used to be with automobiles.

"Now the patient comes first," said Kevin Booth. "Now we observe people, not just cars."

It's the result of a special course in procedures for assisting patients, suggested by the attendants themselves and conducted by Carol Copperud, training coordinator, Hospitals and Clinics.

"These men are the first people a lot of patients see," she said. "They have a real interest and concern for the patients."

"Sometimes they think we're the doctor," added Michael Levingston, another of the attendants.

These two and a third, Mark Tremper, have a new awareness of the needs of patients arriving at the Emergency Room.

"It must be kind of hard sometimes to be a patient, to try to make it all by yourself," Tremper said.

Part of the course, appropriately, dealt with such grave emergencies as the heart attack. The attendants now are qualified to start cardiopulmonary resuscitation — potentially a life-saving procedure even in the short time it would take Emergency Room personnel to reach the scene.

Other phases dealt with smaller matters, such as giving directions to various parts of the campus. The attendants were taken on tours to learn at first hand where the departments can be found.

"One big concern was getting patients out of their cars and into wheelchairs," Copperud said. "Juanita Erickson in Physical Therapy helped, showing the men how to handle such patients without hurting their backs.

"They also learned how to help people who wear casts or use crutches."

Women patients whose delivery time is at hand are directed to Maternity, unless time has run out. In such a case, the attendant will direct the pregnant woman to stay where she is while he runs to the Emergency Room for help.

"I know how to react now," Booth said.

Meantime, the job of keeping the parking lot available for true emergencies goes on. It's a life-saving operation. Booth added:

"I must say 'No' to people about a hundred times a day. That's our original function — keeping out unauthorized cars."

The lot, on Parnassus Avenue at the east side of Moffitt, has only 10 parking spaces. Some must always be kept open for ambulances, others for "self-referred emergencies" — that is, patients who come unannounced with problems that need immediate attention — and some for patients who are to be admitted to the hospital via the Emergency Room.

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Working with Disturbed Children

The child, a blond boy four years old, was autistic. That is to say, he didn't speak, he didn't look at his nurse, he shrank back when she touched him.

But she did touch him, occasionally, in a casual way. She let her hand rest on his shoulder or put her fingers against his cheek. When he turned away, she was there, in front of him again. She sat down beside him and sang him a little song. She talked in simple sentences: "Here is your shoe, John." "The bed is over there."

The nurse spent months teaching the child the song.

One night he sang the first lines of it, but to another nurse, on the evening shift. Both nurses were immensely pleased. It was a big step.

This is the Year of the Child. It offers an opportunity for reflection on what is being done for the children around us.

The fact that UCSF offers many services for children hardly needs to be reported. Young patients come here from near and far for various kinds of help, some of it available at few places elsewhere — or nowhere else. A full discussion of all of this would fill a book.

This report, then, will deal with only one of these services — the Children's Inpatient Unit at Langley Porter Institute, scene of the incident of the little boy and the song.

The unit functions as a teaching process. Medical students and others heading for psychiatric and psychological fields get a good part of their training there.

But that's not all it is. The members of the team taking care of the children grow fond of them. It becomes a very personal thing.

"They really establish a relationship," said Danita Sorenson, associate specialist, the unit's speech pathologist and director of the Children's Unit School Program. "There is a great deal of individual attention; this fosters an attachment between the adult and the child. . . .

"Then you use that to begin to move the child through a progression of activity."

This progression may come in very small ways — a child saying "MMM" instead of remaining stonily silent, or accepting a toy from an adult's hand instead of turning away.

When things like this happen, they're occasions for celebrating. They do happen, Sorenson said. "Children do get better here. We see more and more going home or to a less restricted environment. Some kids living here even go out to school."

Langley Porter assumes that bizarre behavior on the part of some children has meaning, she explained. "That is, it is an unsuccessful irrational attempt to solve an internal conflict. So theoretically with these children their conflicts can be resolved by working with the child and his family with the goal of returning him to his home and community."

The Children's Inpatient Unit houses up to 12 children, of age 12 or younger.

"Kids come here because their behavior is outside normal limits," Sorenson said. "They may be disruptive, aggressive, they may run away or destroy property, or they're withdrawn, or fail to talk by the age of three."

Curiously, more boys than girls, by far, come to Langley Porter. The reasons for this remain questions: Are boys more biologically vulnerable to mental illness? Is more expected of boys than of girls? Do adults fail to pay attention to withdrawn girls?

Whatever the difficulty, the potential patient in the Children's Unit is given a thorough evaluation on an outpatient basis — physical, neurological, educational, psychological, environmental, psychiatric.

"This is done by a team of people, much of it by trainees, who are postdoctoral psychology interns or psychiatric social work trainees, in child psychiatry.

"At the end of the outpatient study, the team considers what the child needs — outpatient psychotherapy for him and his family? Special school placement? Admission to Langley Porter? — and makes recommendations to the family or referring agency."

Until a few months ago, she continued, the unit functioned as a long-term residential treatment center for severely disturbed children. But now it is "more a combination — long-term, that is, one or two years, for a few, and for most, three to six months for diagnosis, evaluation, and short-term treatment."

When a child is admitted, one of the first observations to be made is: How does he function without his family? Occasionally this sheds light on the nature of the problem.

The unit uses the team approach to create a "therapeutic milieu" in which the contributions of various disciplines complement and augment one another.

"The child psychiatry fellow sees the patient at least twice a week and heads the team," Sorenson said. "A psychiatric nurse is assigned one or more children. There is a special education teacher, a rehabilitation therapist, a music therapist, psychologist, and social worker.

Alexis Pier

Danita Sorenson

Together they work out the child's specific plan."

She told about the little boy and the song when she described the association of the patient and the nurse:

"The nurse works with the child in daily living problems; these can be very important. Eating problems may be associated with some pretty severe emotional problems. With a very disturbed young child, there are probably issues of toilet training. A child may go for long periods withholding his bowel movement; at home, that has probably become a battle of wills. . . .

"With autistic children, you watch and see how they respond — if and when they do. You're sort of always inclusively there — bringing the degree of relating to a level that is tolerable to them. You use very simple language, begin to make body contact. You touch them even though they don't always like being touched, foster eye contact — they will do all sorts of things to avoid eye contact.

"You get them in the water. That can relieve a lot of pressures. Every psychiatric institute should have a pool; we don't have one here, but we use the physical therapy pool at UC."

The voice is an important point of contact, she emphasized. "You sing to them, talk to them. You just don't back off every time they say no.

"You have to enter into that child's world. You build on little things, encourage them to use language by doing things with sound.

"By utilizing the total staff, we can provide a very personal program."

Her own special field is the utilization of language as a means of communicating with the troubled children. She herself works with them and consults with the staff about the best ways to use words as therapeutic tools.

"There are nonverbal kids who can understand, but don't want to talk," she said. "It would be artificial to sit down and try to open a conversation; we take advantage of the opportunities for using language, as in dressing. A nurse may say, over and over, 'Where's your shoe?' although the shoe is in plain sight, and then make an elaborate show of finding it and saying, 'Here it is! I've got the shoe!'

"Mealtime is ideal for eliciting language. For example, you know that the child wants milk. He's looked at it, banged his empty glass, but he won't ask for it.

"You can be stupid, asking, 'What do you want? . . . I wonder what John wants,' and finally you figure it out, 'Oh, you want milk! Well, here's your milk!' You set a pattern for him. You wouldn't expect him to say 'milk' the first time, but you look for the slightest hint, such as when he might say 'MMM' . . . that's a big step."

In her job, Sorenson pays close attention to the way the staff members talk to the children. "Our language is ambiguous," she said, "and we make it worse the way we speak. I ask the staff to attend to their own language. We don't say 'Do you want to come to the playroom with me?' because the child knows perfectly well that you're not asking him, you're telling him. Better to say 'It's time to come to the playroom, and I want you to come with me.' "

Her advice to the staff members has general application:

"Young children often interpret literally. You can disturb some children by saying things like 'You're going to be the death of me yet,' or 'Knock it off,' or 'Cut it out.' We had one child who was terrified that monsters would eat him; he had nightmares about it. One day a staff member said 'You look so cute today I could just eat you up.' The child went absolutely white. She recognized what she had said and could give him an explanation."

Parents of the Langley Porter children are involved closely in the program. "The parents themselves may have enormous problems and need support in resolving this difficulty," Sorenson said.

More children are in trouble emotionally than one may realize, she added. "There is tremendous community pressure for short-term care for more kids . . . that's part of the reason for our shift from long-term programs."

Langley Porter can handle only a small percentage of the children who need help. Others are referred to community mental health agencies.

Some parents aren't even aware that their children have problems until the time comes to go to nursery school, Sorenson said; they may not have realized that certain signs can mean trouble.

She listed some of the danger signals:

Disruptive behavior, such as frequent tantrums or breaking windows; more subtle symptoms like difficulty in sleeping; bed-wetting, after a possible physiological cause has been ruled out; listlessness, exaggerated fears, or real delay in language, setting fires.

"These may be a warning," Sorenson said. "The child may be saying through this behavior, 'Pay attention and help.' "

—Jane Eshleman Conant

Anne Miller

A jack-of-all-trades in Moffitt's kitchen, Dennis Urbiztondo is in the process of becoming a dietitian assistant.

Will Cloughley

"The Spires of St. Ignatius As Seen through the Fog" was featured on the cover of California Living. *The inset shows Urbiztondo focusing on the spires at the vantage point in the Ambulatory Care Center from which he took the picture.*

'Dietary Dennis,' the Photographer

From the eighth floor of the UCSF Ambulatory Care Center at 6:30 a.m. on a November day, Dennis Urbiztondo could see the spires of St. Ignatius rising up through the fog. "It looked like Cloud 9 — a castle in a fairy tale."

He took the picture with his Canon TX, set at a quarter of a second with the aperture all the way open. And on Sunday, September 10, 1978, the beautiful print appeared as the cover of *California Living,* the magazine section of the Sunday *Examiner and Chronicle.* With it, Urbiztondo "arrived" in the wonderful world of photography.

Now he has a problem: whether to try to make it his career.

He has a wide area of choice. He's a television communications major at San Francisco State University, a colorful enough activity in itself, and he's in the midst of a budding career in food management, serving as a self-described "jack-of-all-trades" in the UCSF kitchen on the second floor of Moffitt.

Meantime, as if his life isn't already busy enough, the 23-year-old Urbiztondo is planning a March wedding with Julie Dienes, his high school sweetheart, and in his spare time he works out with the weights in Millberry Union.

The last activity accounts for the impressive muscles in his arms and shoulders. "Some people look on it as a macho thing, but I don't look on it that way," he said. "I'm not a macho person."

This is an energetic young man, cheerful, jaunty, and full of enthusiasm — a home-grown San Franciscan. Appropriately enough, his *California Living* picture of St. Ignatius was, as they say, "very San Francisco."

Let him tell about it:

"As a child I used to collect pictures from *California Living.* I loved beautiful things, beautiful sunsets. . . . San Francisco is the most beautiful city. I used to look at postcards and think 'I can take pictures like that.' "

He makes it plain that he is not alone in his moment of *California Living* glory; Jim Whereat, a supervisor in the kitchen, had already sold some pictures to the magazine, and "he got me into photography. He was being published. I was impressed, and thought how nice it would be. . . .

"I started when I took a trip to the Grand Canyon. I wanted to use a good camera there, and my fiancee's mother had a Canon. Friends taught me the basic metering. I learned by trial and error."

On the morning of November 4, 1977, there was a low-lying thick fog.

"I was driving to work through Golden Gate Park and saw how clear it was up at UCSF," he said. "I thought, 'Wow, I've got my camera with me.' "

He went to the eighth floor of the ACC and there, in front of his lens, was the "castle in a fairy tale."

Urbiztondo took the slide and several others to Jack Gerkensmeyer, the art editor of the Sunday magazine.

Here Urbiztondo's natural enthusiasm paid off.

"Gerkensmeyer held the slides up in their plastic holder and said, 'No, I don't see anything,' " he recalled. "I said, 'Look at this page again.' It was the one with the St. Ignatius picture.

"He kept that one slide. But the months went by. I didn't want to call, but finally I went down again to show him some more, and he said, 'Yes, we're running it.' "

Urbiztondo understood that the picture would appear on September 17, but on the morning of September 10, he went to his neighborhood grocery store to buy the paper — and there it was.

"I said, 'That's my picture! I took that picture!' " he exclaimed. "I bought the whole stack of papers."

He has had many requests for reprints and has become a free-lance photographer, although "I can't spend enough time on it to be professional."

One reason is that he's very busy in the UCSF kitchen, where he started work about five and half years ago.

He is the one who fields the questions that come down throughout the day: "A diabetic patient needs a tray in half an hour. . . . We need a dinner tray for a new admission. . . . A patient is hungry between meals."

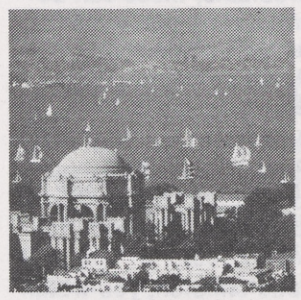
He started as a helper, delivering trays to the floors, but "Thelma Murakami, senior dietitian and my supervisor, offered me a job as clerk. It's been two years now and I love it. I'm in the process of becoming a dietitian assistant. I interview patients about their diets, write their diets, answer the phones, monitor the tube and intercom systems. I'm known among them as 'Dietary Dennis.' "

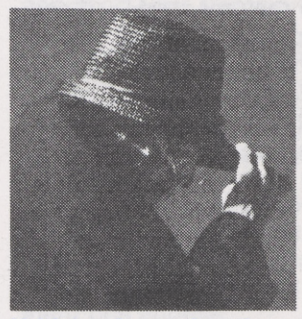
Urbiztondo doesn't know yet which way his life will go; he takes pride in all of his activities, including his UCSF job, his university courses, and photography.

Not to forget weight-lifting. He's fast becoming professional at that, too, bench-pressing more than twice his own weight.

"I weigh 160," he said, "and I can press up to 340 pounds."

—Jane Eshleman Conant





Urbiztondo carries these photos in his portfolio. They are (top to bottom) the moon over Golden Gate Bridge, taken from George Washington High School; children eating ice cream in front of a store on Berkeley's Telegraph Avenue; the Palace of Fine Arts, taken from Pacific Heights; and an old woman in a hat.

Attendants

(Continued from page 1)

"A lot of people try to park here," Booth continued. "Maybe someone is just stopping to pick up a pay check. We have to turn them away."

Altogether, the course has "improved their awareness that this is a hospital," said Charles Alexander, who supervises this staff. Larry Proctor, Parking Operations assistant manager, added, "We were concerned that they'd be asked to do patient escort work and not be paid for it. . . . The parking assistants were paid about 20 percent below the escorts; now they're roughly equivalent."

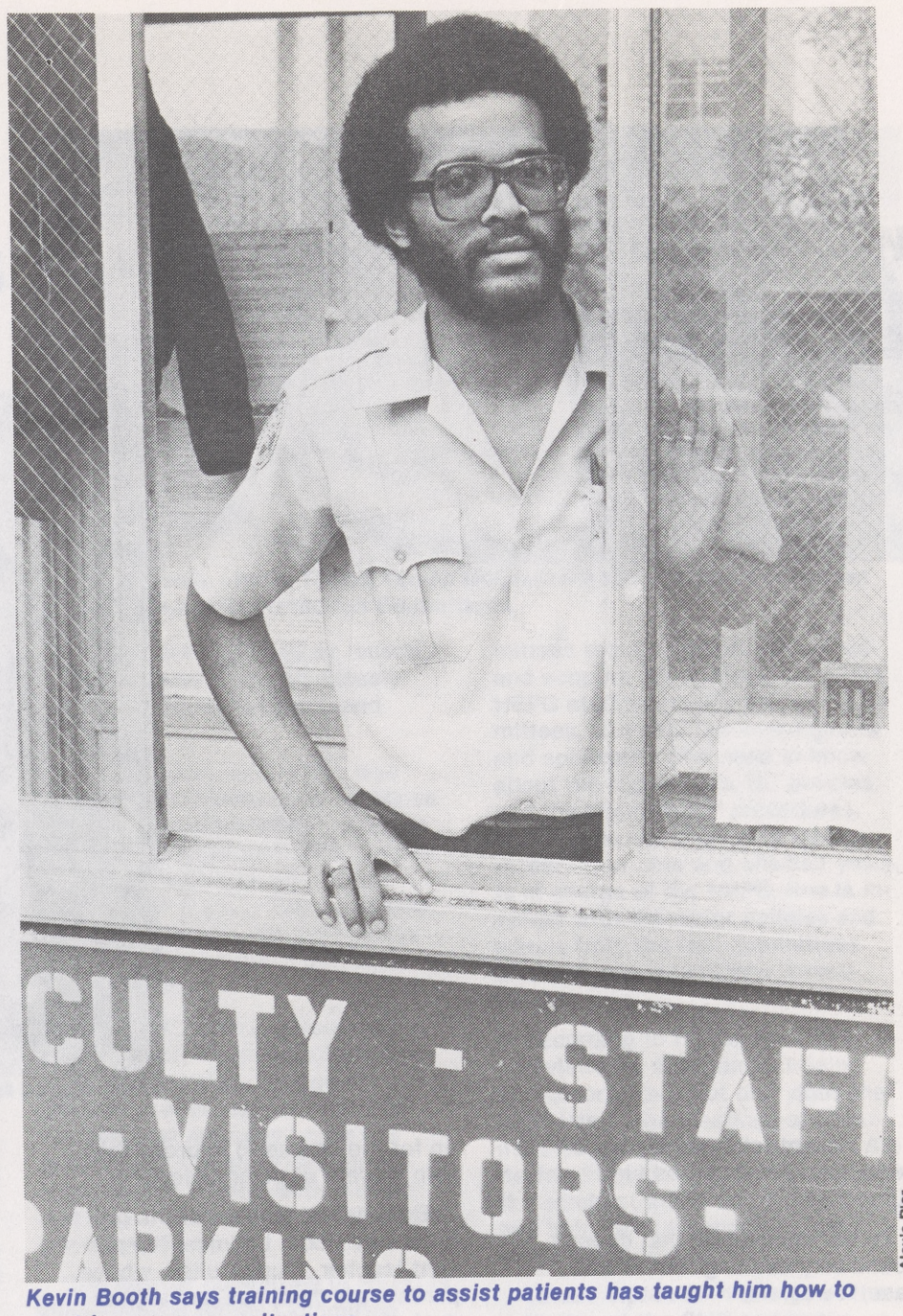
As far as the hospital is concerned, Proctor continued, "It's important for us to have people up there [at the emergency deck] who are level-headed and deal with the public well."

He pointed out that "the qualification for parking assistant used to be a good driving record. Now a lot more is taken into consideration. It's a bigger job."

— Jane Eshleman Conant

Alexis Pier

Charles Alexander (wheelchair), supervisor of the attendants, Mark Tremper (l) and Michael Levingston (standing), and Kevin Booth (kneeling), simulate a typical experience: helping an emergency patient into a wheelchair.



Alexis Pier

Kevin Booth says training course to assist patients has taught him how to react in emergency situations.

MOVING IN & UP

John Henry Smith has recently been promoted to the position of supervisor, Classroom Support Service (CSS). He came to UCSF in 1978 as a senior television technician for Educational Media Resources (EMR), and in 1979 he was promoted to principal television technician. As CSS supervisor, he replaces Edwin Bing Dong.

Alexis Pier

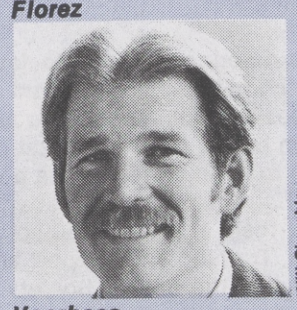
Smith

Patricia Florez, formerly clinical nurse III, Kidney Dialysis, is now Renal Room administrative nurse.

Alexis Pier

Florez

Peggy Bruks, a new addition to UCSF Nursing Service, is clinical nurse IV, Kidney Transplant Service and Renal Room. She comes from the Veterans Administration Medical Center in San Francisco, where she was clinical specialist in charge of peritoneal dialysis and hemodialysis.



Will Cloughley

Voorhees

Jeff Voorhees, organization development specialist in Training and Management Development, is a faculty member of the Gestalt Institute of Cleveland. In his new position, he will travel to Cleveland about twice a year to teach a course in organization and system development. Students come from large corporations all over the country to attend week-long sessions at the institute.

Alexis Pier

Quiett

Gwen Quiett, a UCSF employee for the past 11 years, has been promoted from administrative assistant I, Millberry Union, to administrative assistant II, Periodontology.

Walsh, Willis Retire

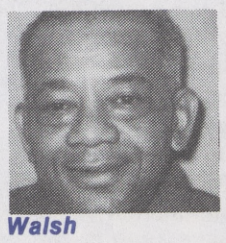
Eaphfrom Walsh began working at UCSF when there were only three buildings, the cafeteria was wooden, and, in his words, "It was all woods clear down to Parnassus." That was 32 years ago. Walsh, the oldest person in Hospitals and Clinics Environmental Services Department, recently retired.

During his 31 years at UCSF, the well-liked Walsh received a number of promotions. He started out as a janitor, became wall and window washer, supervisor of Housekeeping, and then store room clerk.

"It felt like a family to me," said Walsh. "We always worked along together and everything was very nice." His department honored him with a reception.

James Willis, senior custodian, Hospital Housekeeping, retires this month after 13 years at UCSF. Reverend Willis, also affectionately called "Rev" and James, will be greatly missed. An ordained minister of the Gospel, he has given good counsel and moral support to patients, visitors, faculty, staff, and students who have passed by his work station in the lobby of Moffitt Hospital and have come to know him and seek him out over the years. He leaves UCSF to assume fulltime duties as pastor of the Greater Powerhouse Church of God in Christ, in Santa Rosa.

Last year he received the Chancellor's Award for University Service.



Walsh

Don Lorenzo

Willis

Memorial Fund for Muzio

Claude Muzio, a man well-thought-of at UCSF, died last month of bone marrow cancer at the age of 50.

Muzio, who began working as an accountant at UCSF in 1967, was acting director of Student Services at the time of his death. He had also been director of Financial Aid and manager of Millberry Union.

Coworkers and friends remembered him as a person who humanized his surroundings and who, according to Bill Wilson, associate dean of Student Services, "brought out the best in people."

A memorial fund in Muzio's name has been established. Those who wish to contribute to it or, in his name, to the Student Loan Fund or to the renovation of Millberry Union (a special project in which he was involved) should call the Financial Aid Office, ext. 4181, for information.

Memorial Services for Steele

Memorial services were held at San Francisco General Hospital Medical Center for Muriel Steele, M.D., who died October 27 of cancer at age 49. She was a UCSF associate clinical professor of surgery, director of the Surgical Outpatient Department, and chief of the Executive Committee of the Medical Staff at San Francisco General Hospital.

Steele was one of only three women trauma surgeons in the entire United States and a pioneer in this important field (the treatment of critical injuries). She was the only woman named to membership in the San Francisco and Pacific Surgical societies and the only person to be elected twice as chief of the San Francisco General Hospital Medical Staff.

What's Popular

Learning To Sign

Will Cloughley

Trudy Cullen teaches the sign language class.

"A patient told me, 'My head hurts,' and I understood him!" a nurse said.

To the uninitiated, that doesn't sound very exciting. But in this case, it was.

The patient was deaf and could not speak. He made his complaint in sign language. And the nurse understood because she was a student in one of the new sign language classes sponsored jointly by the UCSF Center on Deafness and the Development and Training staff.

Sign language was once used only by the deaf and by very few others. But more than 100 people from all over the campus, from many departments, and from the community outside have learned it since the program started last year.

Among the students are professional people on campus as well as members of the general community — all devoted to the idea of being able to communicate with the deaf. Some of the students are deaf or nearly deaf themselves and signed up for the course to improve their own powers of communication.

The original teacher of the program was Robin Ludmer. The present teacher, Trudy Cullen, whose parents are deaf, has had a great deal of experience in working with the deaf. The coordinator is David Johnson, who does training and education in the Development and Training Department.

The course started a year ago with one class, but became so popular that two were given in the fall term, one for beginners and one for advanced students.

Melvin Gipson, staff member of Development and Training, pointed out that one of its major functions is compliance with the federal Rehabilitation Act of 1973. "It requires that all agencies receiving Health, Education and Welfare funds shall become barrier-free to handicapped people by April of 1980," he explained.

"These courses are intended to help individual projects, departments, and the campus as a whole to comply with this federal legislation."

But more than that, it opens up a whole new world of communication between deaf and hearing people.

To begin with, sign language isn't just a matter of setting the hands and fingers in designated patterns; facial expression and body language are very important components.

When you're asking a question, you raise your eyebrows and move your head forward in an inquiring way, for example. There are many more gestures than in oral speech.

American sign language is the "cultural language of the deaf" in the United States. It has its own gestures, called signs, and the signs do the usual work of words. The eyes, rather than the ears, receive the messages.

Knowing sign language can be particularly important for people who deal with the sick. To be sick or in pain is bad enough; not to be able to ask for help compounds the misery. But a doctor or nurse can establish rapport with a deaf patient by as small a thing as knowing how to say "Hi" in sign language.

Will Cloughley

Gipson

Don Lorenzo

Johnson

The courses are already paying off in this respect. A medical student, for example, who came upon a doctor and patient who were communicating laboriously by writing notes to each other, was able to simplify things with a few hand signs.

The UCSF courses are designed to provide only rudimentary knowledge of sign language — enough to get along. But the student, if interested, can always go on from there.

For information regarding future classes, call Melvin Gipson at ext. 4032.

—Jane Eshleman Conant

BULLETIN BOARD

Psychosocial aspects of illness are being presented in a new monthly series of colloquia that began in November. Open to faculty and students, the series will present new developments from the departments of Health Psychology, Human Development, Medical Anthropology, Medical Sociology, Health Policy, History of the Health Sciences, and Bioethics. For more information contact Nancy Adler, ext. 7-327.

The Banquet Restaurant in the School of Nursing building offers take-out lunches. Telephone orders must be placed before 11:00 a.m. Call 731-6263 and the take-out lunch will be ready for pick-up when you want it.

UCSF Hospitals & Clinics needs translators for non-English-speaking patients, especially those who speak Korean, Cambodian, Danish, Greek, Japanese, Lithuanian, Persian-Iranian, and Turkish. Volunteers should call Kathy MacKay, ext. 1401.

The Friends of Langley Porter have published their 1980 calendar, created by children on the LPI Inpatient Children's Service. To order calendars, checks may be made payable to the Friends of Langley Porter ($3.50 per calendar), and should be addressed to them at University of California, San Francisco, CA 94143.

Volunteer Services Department continually collects toys for the Outpatient Pediatrics Department, Ambulatory Care Center. Toys, needed for toddlers to five years of age, should be brought to U 164. Some suggestions are nerf balls, legos, large trucks, rubber dolls, and punching clowns.

The American Cancer Society's Reach-to-Recovery Program at UCSF is seeking volunteers who recovered from breast cancer at least one year ago to spend a few hours a week visiting breast cancer patients to give them emotional support and advice. Training and support are provided by the Cancer Society. If you can help, call 673-7979.

The UCSF Child Care/Study Center needs items for play and learning. Particular needs are for baby food jars, old stereo or record player, eye droppers, tweezers, squeeze bottles, cotton balls, whisk brooms, old paint brushes, tires, car steering wheel, stethoscope, sawdust or wood shavings, and yarn. Take items to the center, located at Parnassus and Third Avenue.

The Rape Prevention Education Program at UCSF provides discussion leaders for the following topics: myth and reality of rape, rape prevention techniques, alternative strategies of resistance, legal and medical procedures, and community referrals for victims and their friends. The program will start a self-defense class on January 15, which will be held on Tuesdays and Fridays from noon to 1:30 p.m. The cost for the 10-week session is $25. The teacher is Beth Doolittle, who runs the Women's Protection Program in Marin County. The first 15 who sign up for this course will be admitted. The Rape Prevention Education Program is sponsored by the campus police department with funds from the Federal Law Enforcement Assistant Act. For more information contact Amy Levine at ext. 5683.

Support Staff Helps Human Research, Safety Committees

Alexis Pier

(l-r) Erica Heath, Louise Tipton, Teresa McGrath are staff members of Human and Environmental Protection Committees.

An impressive group of men and women sit around the huge table in the chancellor's conference room with hefty stacks of paper piled up in front of them.

They are people with M.D., Ph.D., D.N.S., Pharm.D., and J.D. initials after their names. Most of them are UCSF faculty members, representing several departments, but there are also students, persons not affiliated with the university, and administrative staff persons. They gather every week for a two-hour meeting. Their stacks of paper are the research protocols of UCSF investigators, all of which involve the use of humans for research purposes. This group, the UCSF Committee on Human Research (CHR), each week reads about 20 project papers that vary in length from a few pages to 25 or 30 pages. At UCSF approximately 1,000 human research protocols are submitted for review every year.

An orderly process flows as the meeting develops. The agenda has been determined and everyone has read the day's protocols. The focal point of each one is the researcher's consent form. It must clearly explain the study to those who will be research subjects, telling them of the risks involved and of the potential benefits of the study. The committee members, having done their homework, offer carefully considered comments of acceptance of the consent form or recommendations for strengthening and modifying it.

They ask certain questions: Is the study reasonable to do? Are the risks to the subjects outweighed by the benefits to the subjects and to society? Are sufficient precautions going to be taken to minimize potential risks? Is the subject population clearly described and is it an appropriate population?

Their comments are recorded by the support staff, Human and Environmental Protection Committees (HEPC), headed by Erica Heath. The staff communicates the committee's findings to the researchers.

The CHR is only one of four such review committees at UCSF. It is the oldest, having been in existence since 1966, but the others have similar responsibilities and are also serviced by the newly named HEPC staff. These committees are Biosafety, Radioisotope Safety, and Chemical Safety. All of them, along with CHR, are regulated by federal guidelines and work very closely with Environmental Health and Safety.

The Biosafety Committee was started in 1976, initially in response to questions raised about research involving recombinant DNA and the mass of regulations that were issued at that time. The committee now considers several other areas as well, such as use of microbiological agents.

The HEPC recently assumed responsibility for the Radioisotope Safety Committee. This group reviews uses of radioisotopes on campus that are used under the guidance of the state Bureau of Radiological Health. Both clinical and research uses of such isotopes are considered.

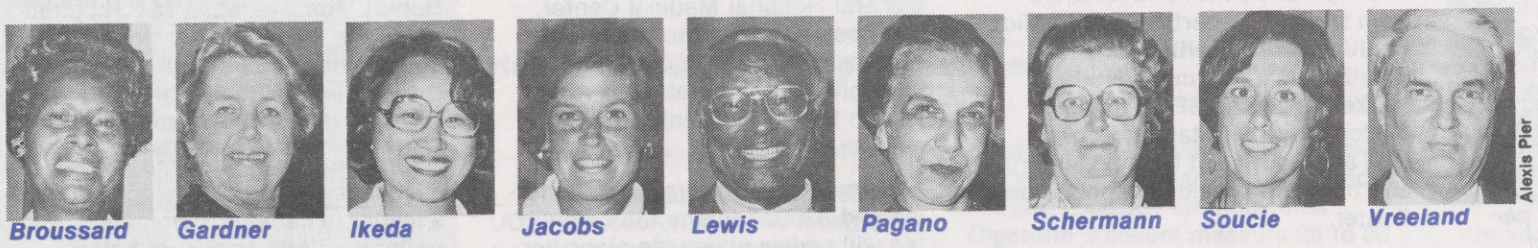
The newest committee in HEPC is the Chemical Safety Committee. Though there were several predecessor committees, this particular committee has just recently been appointed. Committee members will be considering several aspects of safe uses of chemicals on the campus.

As might be imagined, these committees require a great deal of aid and support. Three members of the HEPC staff work with the four committees, and with the investigators and applicants who need to know about the regulations, UC policies, and the committees' procedures. Heath, who has been with human research for nine and one-half years, is in charge of the HEPC. She is involved with the major policies and issues from the four committees and with counseling new investigators.

According to Heath, the HEPC office views its function as totally service-oriented. Not only does the staff attend the meetings and take minutes, they also communicate the decisions made to investigators and the administration, do counseling, and help new investigators learn about the requirements.

Louise Tipton is in charge of the activities of the CHR and keeps track of the many applications. She also works with investigators and conveys committee decisions. Teresa McGrath, the newest person in the HEPC office, is working with the newest committees.

— Jini Kilgore Robinson



Alexis Pier

Broussard *Gardner* *Ikeda* *Jacobs* *Lewis* *Pagano* *Schermann* *Soucie* *Vreeland*

University Service Awardees Honored

Ten employees were honored recently with the Chancellor's Award for University Service at a ceremony and reception held in Millberry Union Lounge. Dozens of family members, friends, and employees attended the ceremony. To receive the award, employees must have been at the top of their salary range for at least five years; be nominated by their department heads and supervisors; and be finally selected by a screening committee.

Winners of the award receive a certificate, UCSF medallion, and a check for $500 from Chancellor Francis A. Sooy. Their work must be considered to have had a beneficial impact on the university over a long period of time.

Here's what the October honorees' colleagues said of them:

Beatrice Broussard, laboratory assistant, Cardiovascular Research Institute, and UCSF employee for more than 20 years: "The backbone of laboratory morale . . . her good nature and thoughtfulness have done much to humanize the laboratory, and the tone of friendliness she sets in the lab is gone whenever she is not around."

Virginia Gardner, foreign student adviser, Student Services, and UCSF employee for 28 years: "Her sense of extra effort, devotion, and superb performance . . . the UCSF campus enjoys a reputation for having the best . . . implementation system due to the efficiency of Mrs. Gardner."

Simona Y. Ikeda is a staff research associate II in the Department of Anatomy, School of Medicine. She has been employed at UCSF for 19 years. As an electron microscopy technician, she has trained technicians and graduate students, "with an ability to gain respect, impart knowledge and skills to others, maintain fastidious attention to detail, and even remember birthdays."

Louise Jacobs has worked at UCSF for 13 years. She is staff research associate IV in the Cardiovascular Research Institute: "Well organized, efficient, and pleasant, with a thorough knowledge of pulmonary physiology, and the special ability to interact warmly and efficiently with staff, fellows, physicians, and patients."

James D. Lewis, hospital assistant, Department of Anesthesia, SFGH, has been employed by UCSF for 11 years: "Embodies the finer qualities of the human race . . . regards his work as a continuing opportunity to learn, and, thereby, has created a reputation for SFGH of having better managed anesthesia equipment and supplies than many other hospitals." He and his wife Evelyn have provided all five of their children with university educations.

Margaret Pagano, administrative assistant II, Hospital Administration, and UCSF employee for 23 years: "Gentle, soft-spoken, and calm, a person who goes out of her way to assist patients and employees in a gracious, willing manner, always displays genuine concern for other people . . . willingness to take initiative and make an extra effort to provide accurate work and necessary support."

Anneliese Schermann, hospital assistant II, Obstetrics, Gynecology, and Reproductive Services, has worked at UCSF for 17 years: "Warm, caring, and reaches out to others in need, gives unselfishly of her time to ensure that all aspects of patient care and the physician-patient relationship are satisfied." She has been known to drop off medication for patients on her way home, an extra effort that extends well beyond the call of duty.

Shirley Soucie, administrative assistant II, Radiology, SFGH, has been a university employee for 16 years: In addition to work with fiscal matters at SFGH, "her people skills are largely responsible for the high morale in her department . . . cheerful willingness to help and to work extra hours, her good humor, and her accuracy, efficiency, initiative, and dedication."

Robert Vreeland, associate development engineer, Research and Development Laboratory, and UCSF employee for 24 years: "Excellent, imaginative engineer who gives service beyond the scope of his job. His interests extend to patients' welfare, staff, and the university's image in the community."

Stanley Yoshimura, senior pharmacist, Hospital Pharmacy, and 23-year UCSF employee: "Places patient care as the top priority as he accomplishes his daily tasks . . . quiet, unassuming, helpful, and pleasant, maintains a rapport with both old and young patients."

UCSF

HOSPITALS/CLINICS

OR Nurses Observe First National Day

Bay Area operating room nurses celebrated their first National Operating Room Nurses Day last month.

UCSF operating room nurses held a noon luncheon at Moffitt Hospital, followed by an informative session on the political and patient care roles of OR nurses, and an afternoon reception in the School of Nursing lobby.

Citywide coordinator of the day's events, Patricia Januszkiewicz, R.N., who is continuing education director for operating room staff at Moffitt Hospital, said that an attempt was made to "shoot down some of the ghosts" and soap opera images of OR nurses, as well as to explain their full role in the care of patients before, during, and after surgery.

Anne Miller

Patricia Januszkiewicz, R.N. (l), and Joyce Terrien, Facilities Planning, Hospital Administration, look at the display of orthopaedic appliances during OR nurses' reception.

SFGH

Record Number of Babies Born

A record number of babies were born at San Francisco General Hospital Medical Center in October — 151 — the largest number of deliveries for a single month in the past ten years.

James Green, M.D., chief of the Obstetrical Service at SFGH and assistant professor of the UCSF Department of Obstetrics and Gynecology, reported that a projected total of more than 1,600 deliveries is anticipated for the calendar year 1979, more than four times the number born at SFGH only five years ago.

More than 50 percent of the patients using the Obstetrics and Gynecology Service at SFGH are covered by Medi-Cal, Green reported.

He said that the number of women who have come to SFGH since 1975 has steadily increased with the implementation of a comprehensive community-based program, which has made the SFGH service more accessible and more attractive to expectant parents. This program includes:

- **The UCSF Perinatal Health Project,** providing personalized care for low-income high-risk mothers in target areas served by SFGH.
- **The UCSF Nurse-Midwife Service** and the **SFGH Alternative Birth Center,** which was the first in San Francisco.
- **Multilingual services,** including the multilingual Education for Childbirth classes.
- Cooperation with and referrals from the S.F. Department of Public Health **district health centers** 3 (South of Market) and 4 (North of Market); from the SFGH satellite clinics (South of Market, Potrero Hill, and Southeast Health Center); and from the Mission Neighborhood Center.

"There has been an ongoing effort to provide continuity of inpatient and outpatient care among these clinics, the hospital-based Women's Clinic, and the SFGH inpatient Ob/Gyn Service," said Green.

Many of these programs are aided by extracurricular grants from the federal government, the state, and private foundations, made possible because of the joint participation of the city hospital and UCSF, according to Richard L. Sweet, M.D., chief of Ob/Gyn at SFGH.

SCHOOL OF MEDICINE

Reception Held for Women Faculty

A reception for full-time women faculty in the School of Medicine was held recently to provide an opportunity for the members to become acquainted and to encourage faculty development and professional advancement.

The reception featured Academic Vice Chancellor Shirley Chater and Louis Scully, associate clinical professor of Medicine, as speakers. It was organized by Marion Nestle, associate dean, School of Medicine; Marilyn Harper, assistant clinical professor, Anesthesiology; Dorothy Bainton, associate professor, Pathology; and Colleen Johnson, lecturer in Medical Anthropology.

Pat Goudvis

Marilyn Harper, M.D., assistant clinical professor, Anesthesiology (l), and Vice Chancellor for Academic Affairs Shirley Chater converse with Philippa Newfield, M.D., assistant clinical professor, Anesthesiology and Neurosurgery.

SCHOOL OF NURSING

Summer Session Gives Students Head Start

A potluck luncheon featuring delicious dishes from many cultures culminated Summer Session IV, the School of Nursing's two-week "head start" course for entering students.

Coordinator of Summer Session IV, Irene Daniels Lewis, says the course is open to all entering students, but School of Nursing faculty members especially hope to attract SED students (socially and economically disadvantaged among blacks, Filipinos, Hispanics, and Native Americans).

Summer Session IV aims to make students aware of their new professional role and to orient them to UCSF.

Lewis, a lecturer in the Family Health Care Nursing Department, says the course helps students make the transition from academic study to professional study. Professional school demands are great, including clinical experience, academic preparation, and a great deal of journal reading, so time management is one area of emphasis during the summer session.

Other areas emphasized are the nursing process, physiology, and math. One of the principles of the course, according to Lewis, is that it builds peer support by enhancing cooperation as opposed to competition. Information, therefore, is shared, and students tutor one another.

In addition to academic and professional preparation, the summer session introduces new students to campus resources. They learn about available types of financial aid and campus work/study programs.

Alexis Pier

Dr. Lewis (l) and Dean Styles (r) chat with students at Summer Session's potluck luncheon.

David Sanchez Appointed to AHEC Committee

David J. Sanchez, Ph.D., associate professor of Ambulatory and Community Medicine at San Francisco General Hospital Medical Center, has been appointed to the Health Profession Careers Opportunity Committee of the statewide Area Health Education Center (AHEC) system.

Through the University of California and AHEC regions the committee will review statewide plans pertaining to health education opportunities and programs to increase the number of health professionals within the AHEC system.

Sanchez represents UCSF and SFGH on the committee. Other members include representatives from UC-Berkeley, UC-Davis, UC-Los Angeles, and Drew Medical School, Los Angeles. UCLA and Drew Medical schools are the conveners for the committee during the planning year 1979-80.

Chairperson is Betty Jo Warren, associate professor of Pediatrics, UCLA and Drew Medical schools. Robert Montoya, M.A., M.P.H., director of the Health Professions Career Opportunity Program for the State Department of Health, also sits as a member of the committee.

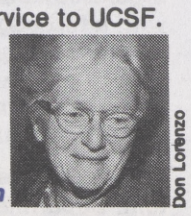
Sanchez, who has been associated with UCSF since 1969, is a leader in campus, community, and national efforts to assure better health care and greater educational and career opportunities for the disadvantaged. He is currently a special consultant to the Robert Wood Johnson Foundation on health issues affecting rural and migrant clinics. Recently, he received a three-year appointment to the Department of Health, Education and Welfare's new national Committee on Vital and Health Statistics.

AUXILIARY/VOLUNTEERS

Rebe Brittan Honored

Rebe Brittan was honored at the recent Volunteers Recognition Luncheon for her work of the past 19 years with UCSF Volunteer Services.

Brittan began working three days a week in Hospital Admissions. She currently works in the Pediatrics Unit, filling the role of "surrogate parent" for young patients whose families can't be with them in the evenings. She has contributed more than 4,633 hours of service to UCSF.



Don Lorenzo

Brittan

Bear-ly New – Second Year

The UCSF Hospitals Auxiliary recently held a luncheon to celebrate the second year of operation of its thrift shop, Bear-ly New. At the luncheon, a scroll was presented by William B. Kerr, director of Hospitals and Clinics, to founding volunteers Donna Abbott, Donna Brandborg, Kay Bristow, Ila Elvin, Mildred Golson, Irene Inman, Bernice Loutzenheiser, Berta Macklin, Anne Marquis, Dora Mustacchi, Emily Owyang, Bertha Seeholzer, Lenore Sleisenger, Eileen Spinelli, and Bonnie Raskin. The scroll is hanging in the thrift shop, located at 2512 Clement Street in San Francisco. Open Monday through Saturday from 10 a.m. to

Do's and Dont's for Employee Organizations

A list of do's and dont's has been compiled for employee organizations in compliance with University regulations governing use of facilities and access to employees.

Employee organizations can:
- use general classrooms and meeting rooms that are vacant;
- post notices on general purpose bulletin boards (a list of them is available in the Labor Relations Department);
- use employee mail boxes to distribute mail and information;
- conduct employee organization business in nonwork areas during nonwork time.

Employee organizations can't:
- post notices on walls, elevators, stairways, doors;
- use campus mail system to distribute information;
- use University facilities and equipment such as automobiles, computers, projectors, telephones, office supplies, photocopying and reproduction equipment, and typewriters;
- conduct business during work time;
- conduct business in certain defined areas (list available in Labor Relations Department);
- have access to confidential or secured work areas.

Employee organization representatives, when conducting employee organization business on campus, must be able to identify themselves when asked to do so by supervisors or campus police.

For more information on regulations governing employee organizations, contact the Labor Relations Department, ext. 3906.

Golf Tournament Winners

Mary Ann Robertiello, SFGH Medical Center Dialysis Unit, received the Bart Patch Trophy as winner of the annual UCSF Golf Tournament. Robertiello was also acknowledged for the longest drive in the women's division. Other winners in the June tournament were: Jim Nelson, Hormone Research Laboratory, low net, tied with Don Samson, Screening Acute Care Clinic, and George Evanoff, Personnel and Student Services; Joe Jezukewicz, School of Dentistry, low gross, men's first; Cory Price, School of Dentistry, low gross, men's second; Mary Collier, Addressing, low gross, women's first; Wayne Paquin, closest to the hole; and Sam Hebert, Hooper Foundation, gorilla award (longest drive) and lowest putts.

Chairperson of the tournament, held at Sonoma National Golf Course, was Anita Pool.

Alexis Pier

Lenore Sleisenger accepts scroll on behalf of Bear-ly New volunteers.

4:30 p.m., the unique shop sells little-less-than-new clothing and miscellaneous items of good quality for reasonable prices. Proceeds benefit UCSF patient needs.

BENEFITS

Save through Retirement Programs

In response to our awareness of the need for employees to know more about their benefits, the Editorial Advisory Board of the UCSF Journal *has approved the addition of a benefits column in the* Journal. *The material in this first column was prepared by Carol Trapp, personnel analyst.*

How would you like to reduce your income taxes for 1980? Or would you like to increase your savings? The University of California Retirement System has three voluntary programs that might interest you. They are long-range investments, intended to improve the retirement nest egg.

The Fixed Annuity Program is similar to a savings account. Annual interest, at a rate of 8.1 percent, is added to the amount each month. This has the built-in security of a guaranteed return.

The Variable Bond Program provides a relatively stable investment in high-quality bonds, with usually higher rates of return than that given by common stock.

The Variable Equity Program is a high-quality common stock investment program, involving greater risks than the annuity and bond programs but also the chance of high gains, according to stock market whims.

UCRS and Public Employees Retirement System (PERS) members are eligible to participate in these programs, all of which place limitations, ranging from $10 monthly to 20 percent of the gross salary, on the investment amount. Participation can also be on a tax-deferred basis or after-tax salary basis.

More information is described in a booklet titled "Tax Deferred Annuity Plan," which is available in the Personnel Office, room U 64.

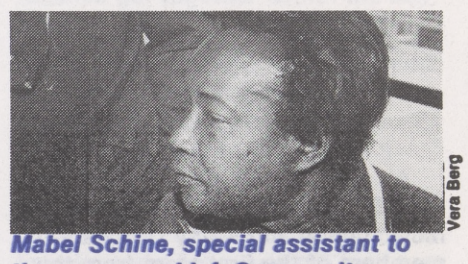
LPI/ PSYCHIATRY

Friends Present Book to Oliphant

Alexis Pier

Freddy Oliphant with his wife (l) and Julia Robinson, LPI administrator.

Freddy Oliphant, LPI housekeeping supervisor and a 20-year UCSF employee, recently received a scrapbook of messages from LPI administrators and staff. Oliphant, who is ill and a patient in Moffitt Hospital, was told by his friends how very much he is missed. He has enjoyed the reputation of one who is "always there when needed." The presentation was made to Oliphant and his wife by Julia Robinson, administrator of LPI, and Don Allan, associate administrator and Oliphant's supervisor. In addition to well-wishing notes, the book contained more than $500 in contributions.



Vera Berg

Mabel Schine, special assistant to the program chief, Community Mental Health Services, Department of Public Health, is the newly elected president of the Friends of LPI. She was elected at this year's annual luncheon, which featured a program on "Chowchilla Children — the Effect of a Psychic Trauma," given by Lenore C. Terr, M.D., assistant clinical professor of psychiatry.

Habit Abatement Clinic for Smokers

What helps people stop smoking?

In the Habit Abatement Clinic at UCSF a research study is being conducted to determine the effectiveness of two methods used to help smokers with cardiopulmonary diseases to stop smoking. The project is federally funded and focuses on cigarette smoking as drug addiction. The clinic is located in Langley Porter Institute's Laboratory for Drug Dependence Research, directed by Reese Jones, M.D.

The current project began in April after a year's work at the clinic with healthy smokers, which resulted in abstinence success rates of approximately 70 percent six months following treatment, say researchers John Bachman, Ph.D., and Sharon Hall, Ph.D.

Educational discussions and behavior modification are the two treatment methods being tested. In group discussions, patients examine their reasons for smoking and why past attempts to quit have been unsuccessful. "The behavior method," says Hall, "is designed to make smokers aware of what they're doing to themselves physically."

A person who may have begun smoking with the notion that it was an attractive thing to do sees himself on videotape coughing and gasping. As he inhales and puffs every 30 seconds, he sees what is essentially a very unattractive sight. Another visible deterrent is the dial on a machine called an ecolyzer, which measures the amount of carbon monoxide present in human breath. The patient blows into a plastic bag. A nonsmoker's breath will register one part carbon monoxide per 1,000,000 air molecules. Cigarette smokers measure 25 to 30 parts per 1,000,000 molecules.

"There's a rapid decline down to room level or one part per million, if they've quit smoking," says Bachman. "This is instant evidence of success, and is very rewarding."

Bachman and Hall say they attempt to present "just the facts" to smokers. "People have to feel their own sense of power to control their lives and not to become drug addicted," says Bachman.

Patients are selected for the clinic from the pool of applicants. The sessions last three weeks, with two booster classes, and follow-ups three and six months later. The group is never larger than five persons.

The researchers say studies on nicotine dependence have not determined specific personality traits that enhance or inhibit a person's ability to quit easily. "No company has been successful trying to sell cigarettes that don't contain a psychoactive drug," said Bachman. Cigarettes, or "nicotine doses," as he calls them, are psychoactive drug rewards for the behavior of smoking.

"People need to be committed to stopping smoking," says Hall. "We offer structured assistance. A lot of people look forward to smoking when they come here because they associate the behavior with pleasure. We alter this association. Smoking is associated with unpleasantness."

EMR

Bachman ***Hall***

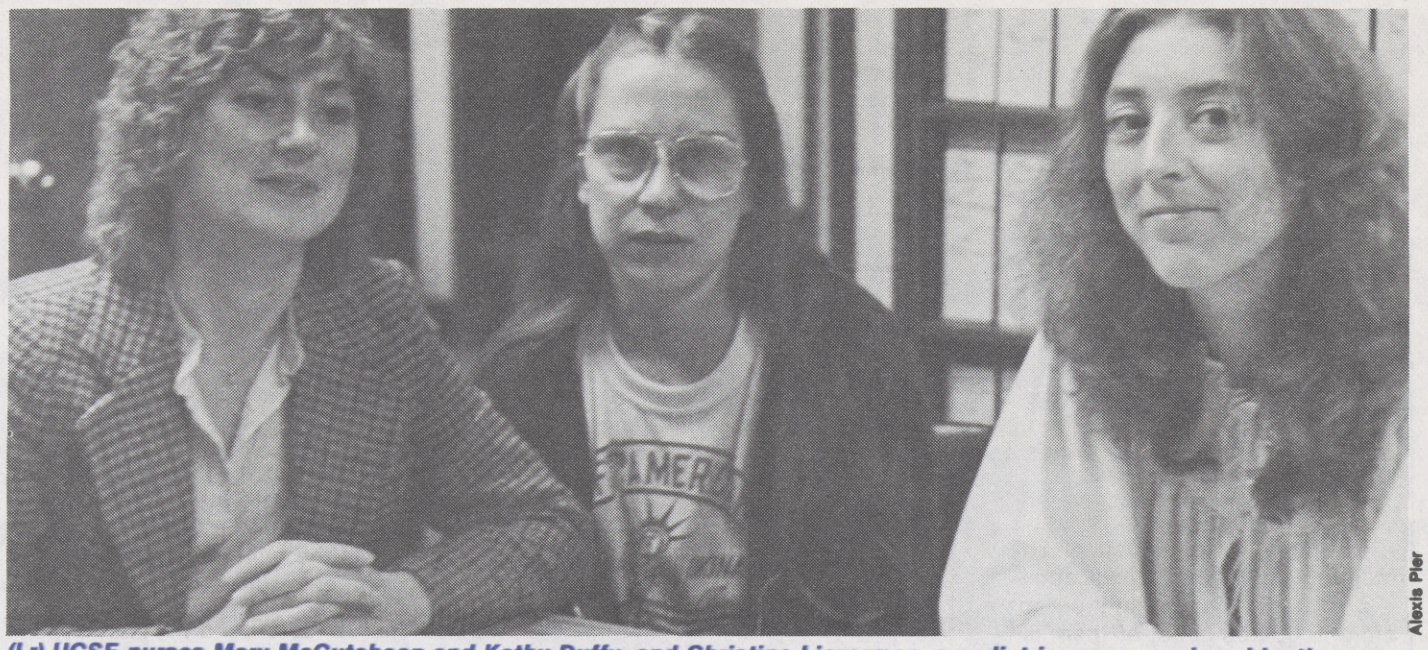
In addition to the videotape and ecolyzer, patients learn relaxation techniques, discuss the economics of smoking, and analyze situations that might cause a relapse.

"Indirect social pressures," says Hall, "such as cigarettes being left in front of people, anger, smoking in front of a quitter, pain, fighting with a spouse, can cause relapses. Here our patients learn to take a couple of breaths, to relax instead of reaching for a cigarette." They also learn to speak up for their rights. They learn that it is all right to ask people not to smoke in their presence or to leave cigarettes near them. They demand nonsmoking sections in public places.

"If people can get through the first two weeks without smoking, the physical addiction of nicotine is broken," says Bachman. The rewards are immediate. A cardiopulmonary patient is able to walk up a flight of stairs without experiencing shortness of breath, or having to stop and rest. People who had experienced angina pain while walking to get a newspaper no longer have this problem. The probability of living longer is greatly increased, too.

"The truth of the effects of cigarette smoking is incompatible with the Marlboro commercial," Bachman comments. Anyone interested in attending this clinic should call ext. 7-453 between 1:30 and 4:30 p.m. weekdays.

— Jini Kilgore Robinson



Alexis Pier

(l-r) UCSF nurses Mary McCutcheon and Kathy Duffy, and Christine Lieverman, a pediatric nurse employed by the Department of Public Health, volunteered to help Cambodian refugees.

Nurses Go on Cambodian Mission

UCSF registered nurses Mary McCutcheon and Kathy Duffy are members of the first team from this country to take part in a special medical mission for the refugees who are pouring across the Cambodian border into Thailand.

McCutcheon, who works in the UCSF Poison Center at San Francisco General Hospital, and Duffy, a Moffitt Hospital Emergency Room nurse, are the only UCSF volunteers in the 15-member group, made up primarily of Bay Area nurses and paramedics.

In all, more than 30 UCSF interns, residents, and faculty members, and eight nurses from Moffitt, SFGH, and the VAMC hospitals participated in the former World Airways flights. These flights, which began July 1, were discontinued when the World Airways contract to transport the refugees to the U.S. ended on October 29.

Other volunteers have come from the Kaiser hospitals, Children's Hospital of the East Bay, and other hospitals and health care facilities. Many medical professionals volunteered independently.

The team that McCutcheon and Duffy are with is headed by John Goldenring, M.D., a pediatrician at Children's Hospital of the East Bay, and Donald Rooke, M.D., clinical director of the Overseas Medical Center in San Francisco.

Also among the volunteers is Christine Lieverman, a pediatric nurse employed by the San Francisco Department of Public Health in the nursery at SFGH. She has had nursing experience in Vietnam.

The medical team was flown to Bangkok, the capital of Thailand, by Flying Tiger Airline, then taken by truck to the Cambodian border four hours away. They will stay at least a month to set up a field hospital, which will be equipped by the U.S. Army to treat refugees suffering from starvation and disease. The medical team is sponsored by the International Refugee Committee and the Rescue Now organization.

Both McCutcheon and Duffy took part in the recent airlifts, which brought tens of thousands of Southeast Asian refugees to the United States at a rate of three flights a week.

McCutcheon is a veteran of three of these airlifts and Duffy was aboard one of the grueling 18-hour flights.

This exhausting but rewarding experience inspired Nurses McCutcheon and Duffy to take leaves of absence for the Cambodian mission.

Recalling the World Airways flights in an interview, McCutcheon said: "There were an average of 400 refugees on each flight, two medical volunteers, and very few interpreters. The refugees included members of Cambodian hill tribes, Vietnamese 'boat people,' Laotians and others, and they ranged in age from infants to octogenarians."

She added that there were few life-threatening illnesses, but many upper respiratory problems, fevers, ear and skin infections, and cases of dehydration. "On one flight, Dr. Richard Locksley, chief resident, Medicine, Moffitt Hospital, delivered a baby before the plane landed."

The medical supplies taken aboard included a wide range of medications assembled by the UCSF School of Pharmacy — intravenous equipment and pulmonary resuscitation equipment, and "cartons and cartons of disposable diapers," McCutcheon said. All supplies and expenses for the medical teams were paid for by World Airways.

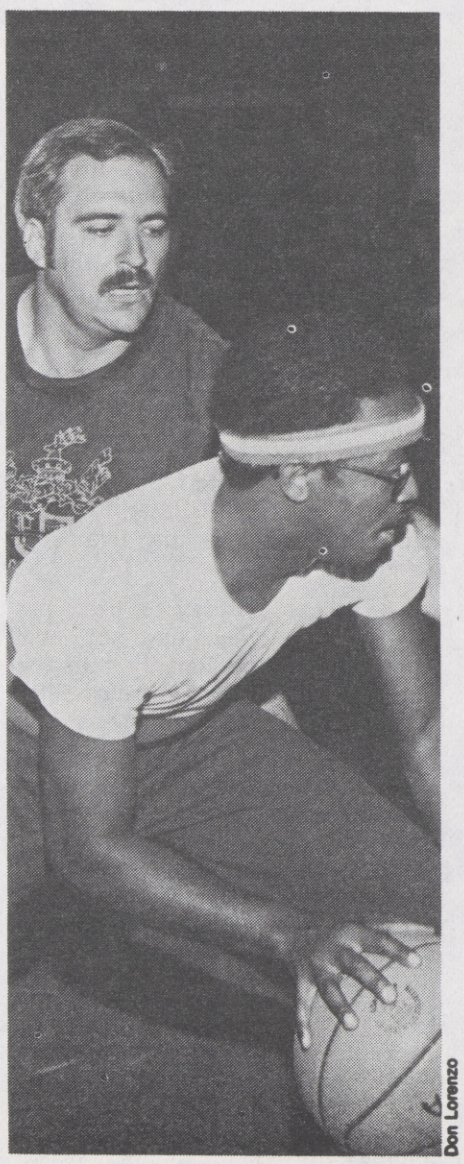
"We were kept very busy. People let us know their needs mostly by sign language. And they were very, very grateful when we were able to help them," McCutcheon said.

"The Cambodians have a charming way of saying thanks by pressing the palms of their hands together and bowing their heads. At the end of one flight, everyone aboard stood up and gave us a round of applause."

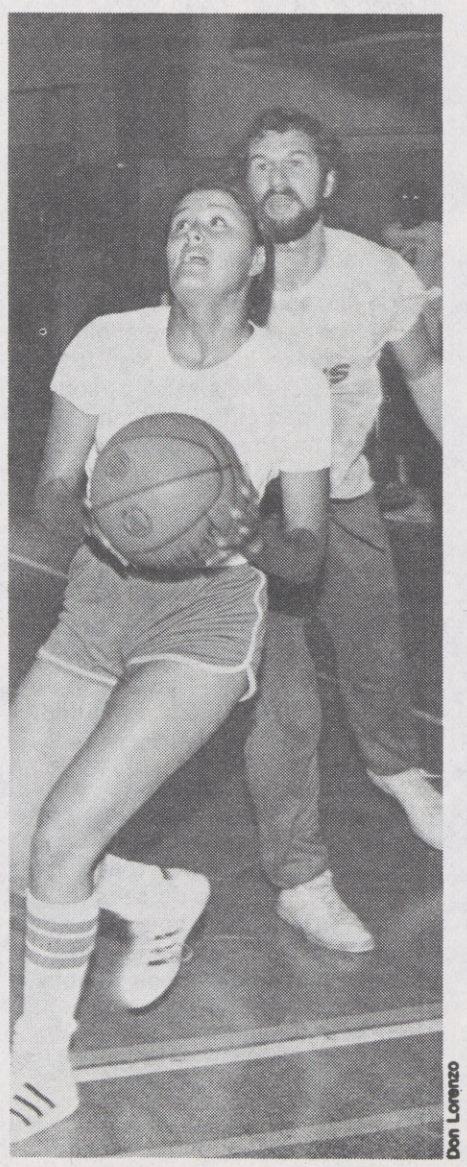
Each physician and nurse volunteering for the airlifts was committed to a four- to five-day assignment, because of the length of the round trip and a stopover in Okinawa.

In addition to McCutcheon and Duffy, nurses from UCSF and SFGH who took part in the World Airways flights included Helah Adelman, Mary Ann Bielen, Kris Gillespie, Maureen Hogan, Leila Sorrell, and Sandy Wishon.

—Claire Leeds Wray



Don Lorenzo



Don Lorenzo

The Game

Hospitals and Clinics administrative staff beat George Evanoff's personnel and student services staff 42 to 34 in the basketball challenge of the year. Both staffs have resolved to play volleyball in the future because of the fatigue that beset them for the remainder of the day following the noon game. At left, Labor Relations Manager Bill Neff guards Cliff Portis, assistant director, Hospitals and Clinics. At right, Lou Giancola, assistant administrator, Ambulatory Care Center, guards Devona Lone Wolf, senior student affairs officer, Office of Relations with Schools.

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?Man

These interviews are conducted by Allen Balderson, News & Public Information Services

Do you celebrate a traditional holiday?

Turetsky

Ponnappa

Polhill

Yee

Conant-Ivanova

Chilton

McDonagh

Moore

Ramos

McManus

Allen Balderson

Bruce Turetsky, second-year student, School of Medicine: The holiday that comes in my family is Hanukkah. That usually involves lighting candles for eight nights, and making potato latkes with apple sauce. It sometimes involves giving little gifts like Hanukkah gelt, chocolates that are wrapped like coins in gold paper. In a lot of ways, Hanukkah is a Jewish reaction to the Christmas hype.

B.C. Ponnappa, postdoctoral fellow, Physiology: I follow the tradition of celebrating the new year. I come from India, and we had the influence of the British, so we do celebrate a new year there. But the basic community in India goes by the lunar new year. The custom is that you take a very bitter tasting wheat, and mix that with brown sugar, and the taste you get is sour first, and then sweet. Let that year ahead of you, if it is bitter to start, let it be sweet to end.

Veronica Polhill, senior clerk typist, News and Public Information Services: We decorate a dieffenbachia, and I look on that as carrying out a tradition. I haven't spent the last two Christmases with my family back in Britain; I'm just now developing my own traditions. We do have the traditional giving of presents and the dinner, with turkey and stuffing, but also with a bread sauce.

Name and photo withheld: I think people should be familiar with non-traditional approaches to everything, not only Christmas. For Thanksgiving I went to a nudist colony with some of my friends. For Christmas I'm planning a great big party to flip everybody out — literally. I'm a 54-year-old grandmother and I'm just beginning to live.

Dook Yee, lab technologist, Laboratory Medicine: I do about the same I do every day. The children are more happy, and they play with their presents and things like that. We have bigger dinners with trimmings and all of that. It really is no different than any other day. It is a holiday so we have off.

Candiss Conant-Ivanova, clerk, Extended Programs in Medical Education: We celebrate on January 6, according to the Russian Orthodox Church. Three or four days before Christmas we decorate the tree with candies from all over the world. We open up presents on the 6th. About a week after the 6th, there is a huge party for the children at the Russian Cultural Center. They have a Christmas play that all of the children take part in.

Gwen Chilton, librarian assistant: It starts on Thanksgiving Day, when all of the family get together, about 25 people, and we pull names to see who gives who a Christmas present. We try to keep it a secret, and then after Christmas dinner, everyone gets a gift. For dinner we usually have turkey, gumbo, and all of the trimmings. We all bring a dish.

Tony McDonagh, chemist, Department of Medicine: My parents are still living in England and I usually try to go back home. The family gets together and we have Christmas pudding with the white sauce. You pour alcohol on it and ignite it. We use whisky, and my father always says the same thing, "It's a waste of good booze." My mother always pours on a lot. Christmas in America seems much less of a holiday. It is much more of a commercial venture.

Felix Moore Jr., window washer, Environmental Services: I celebrate just a plain normal way. Christmas is no better than any other holiday. We normally have a party around here for all of the employees here, which we all participate in. We get together, have a good time, and then go home. On Christmas Day, the families get together within the Bay Area.

Shirley Ramos, clerk, Contracts and Grants: My church group goes Christmas caroling on the cable cars. We go over to Fisherman's Wharf. We usually have 30 people over at Christmas dinner, and we have Filipino food, including pancit, lumpia, and adobo. Lumpia is like an egg roll, pancit is similar to chow mein, and adobo is marinated chicken.

Nancy McManus, staff research associate, Cancer Research Institute, Interferon Lab: Yes, I do, and this is mainly because I come from the east coast. I'll probably go back to Vermont to see my parents. We have snow and ice, and it is certainly different from a green San Francisco. We have a traditional New England dinner with homemade cranberry sauce. My parents go to Cape Cod and get the cranberries right from the cranberry bogs.

Triplets Born in Moffitt

It happens only once in every 8,000 to 9,000 births, and it happened at Moffitt Hospital recently. Triplets!

Two daughters and a son — all healthy and weighing more than five pounds each — were born to Lyn Sluis and Ned Allatt, of Redwood City. These triplets were spontaneous, not induced by fertility drugs.

The boy and one of the girls evidenced mild respiratory distress syndrome (RDS) within two hours after birth and were transferred to the intensive care nursery for about 24 hours.

The babies were about six weeks premature, according to Robert Creasy, M.D., professor of obstetrics and gynecology, who delivered them by cesarean section because of the high-risk situation: premature labor, abnormal bleeding, and the first triplet, the boy, presenting as a breech (bottom first). Three teams of neonatologists, one for each infant, were in the delivery room. They examined the babies immediately after birth to handle any abnormalities that might have occurred.

Returning to UCSF for the babies' one-month check-ups, the parents took everything in stride. They said everything was fine, though there was never a moment to spare.

How did Sluis react to the news that triplets were on the way? "I laughed and cried at the same time," she said. Then she headed for the nearest candy store. Then she told Allatt the news.

Christopher Mills, M.D., of the Sonora - Angel's Camp area, referred his patient to Creasy at UCSF in April, when he first diagnosed multiple births. Ultrasonic examinations confirmed the presence of three fetuses.

Creasy was assisted in the delivery room by Susan Kull, M.D., resident in Ob-Gyn, and Kevin Wooley and Harry Cohen, both M.D. residents and attending anesthesiologists. The neonatologists and pediatricians were Drs. Joseph Kitterman, Richard Bland, Charles Haberkern, Victor German, Phillip Ridel, Jack Norris, Dean Smith, and Linda Jones. The nurses were Dawn Iwamoto, Gloria Adams, and Ruth Wiley.

For several months before delivery, UCSF nutritionist Barbara Abrams counseled the mother about her diet, which was supplemented with protein and iron.

—Matthew Krieger

Savage Photography

A Place To Relax

Will Cloughley

The new place to relax, located behind UC Hospital between B and C wings on the fourth-floor level, was built from available departmental funds by Nat Garibaldi's staff in Physical Plant. Garibaldi, not pictured here, claims all he did was say "Go!" and the three men pictured in the foreground here provided supervision for the structure. They are (l) Bob Falcone, grounds supervisor, (center) Doug Craig, Physical Plant's superintendent for Hospitals and Clinics, and Bob Ercolini, carpenter supervisor.

Call Broker For Transportation Information

Helen Kirkpatrick is the UCSF transportation broker. Her position is an outgrowth of recommendations made to the Parking and Transportation Task Force by a consultant firm. Kirkpatrick provides information to the public about means of traveling to the UCSF campus. She coordinates the carpool program, has information on all campus transportation services, and handles employees' emergency transportation requests. Her office maintains a computer printout of carpool riders.

Kirkpatrick says the carpool match lists have been updated. "We have just purged our carpool match lists, dropping all 1976 and 1977 names. Those desiring to be reinstated are encourged to return a new application," she said.

Another service, says Kirkpatrick, is coordination of ride-sharing for long distance trips — perhaps a ride bulletin board. Ask her about this and other services available. Call ext. 1511.

Alexis Pier

Helen Kirkpatrick

Energy-Saving Tips

The UCSF Energy Conservation Committee offers UCSF employees energy-saving tips from the U.S. Department of Energy with the hope that, where applicable, these measures will be observed at work as well as at home.

- Buy products packaged in materials that can be recycled or reused: steel, aluminum, paper, and glass.
- Share a ride to work.
- Observe speed limits.
- Ride the bus or van. Urban automobiles consume more than twice the energy per passenger mile that buses do.
- Don't idle your car motor unnecessarily.
- Turn out lights when not in use in offices, labs, examining rooms, restrooms.

Two UCSF Committees Sponsor Contest

A suggestion contest on ways to improve the carpool program was recently sponsored by the Chancellor's Task Force on Parking and Transportation and the UCSF Energy Conservation Committee. Prize winners will be announced in the next issue of the *UCSF Journal.* The prizes, all valued at $40, are: four MUNI fast passes, a gift certificate from Macy's, dinner for two at the Mandarin Restaurant in Ghiradelli Square (or other restaurant of winner's choice), and prepaid tickets on BART.

85 UCSF Doctors 'Best in U.S.'

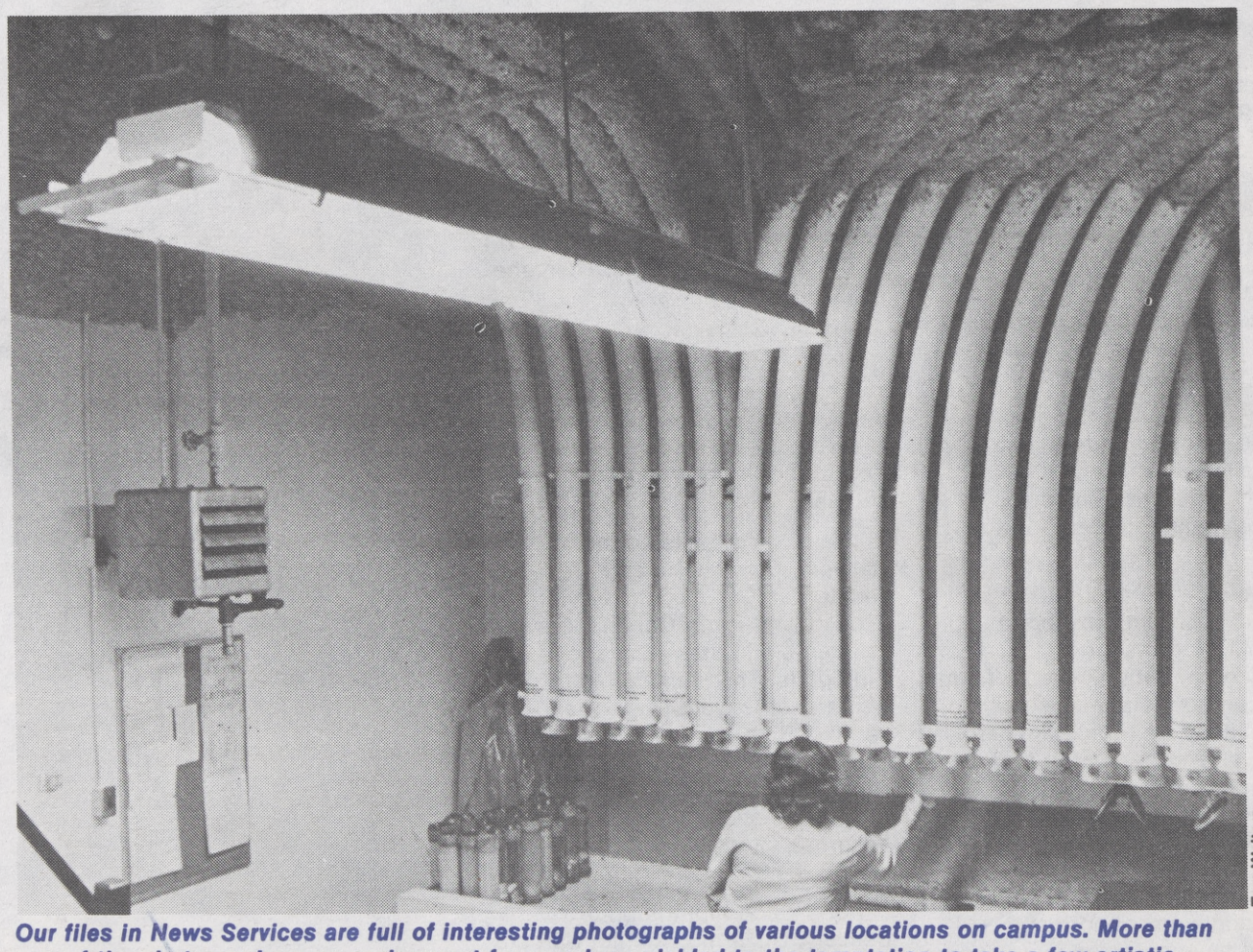
Eighty-five UCSF faculty and clinical faculty members and alumni are listed in the new book *The Best Doctors in the U.S.,* by John Pekkanen, published by Seaview Books, N.Y.

The selection of the "best" doctors in the country was based on interviews with and questionnaires given to hundreds of physicians. UCSF Hospitals and Clinics are named among the 16 best in the country, and the Pain Center is listed as one of 20 in the country.

Twenty-six UCSF surgeons in a dozen different specialties are listed, and 21 physicians in various specialties and subspecialties of pediatrics and neonatology. Additionally, 11 percent of all gastroenterologists in the book, 9 percent of all ophthalmologists, and 8 percent of all radiologists and dermatologists are from UCSF.

Other specialties listed as having outstanding physicians are cardiology, pulmonary disease, endocrinology, reproductive endocrinology, rheumatology, neurology, radiation oncology, and child psychiatry.

Do You Know Where This Is?



Tom Walters

Our files in News Services are full of interesting photographs of various locations on campus. More than one of the photographers on assignment from us have yielded to the temptation to take a few artistic shots that make an ordinary room or location take on a new look. We thought we'd pull a few of these out of the files and print them from time to time. Do you know where this is? We'll give the answer in the next issue of the UCSF Journal.